

Northern Virginia Regional Projects Office

Serving Alexandria, Arlington, Fairfax-Falls Church, Loudoun, and Prince William

Community Services Boards

TDO/Post-hearing Crisis Plan: No TDO/Post-hearing bed is available statewide

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This procedure is for 1) persons on a TDO and 2) persons who need a post-hearing bed and are not currently at a hospital; i.e., persons at Arlington court or Loudoun CSB. Person should stay at TDO hospital post-hearing until NVMHI has an available bed if at all possible.

Pre-crisis: At times of peak usage, i.e., NVMHI has close to 100% occupancy or holiday is approaching, NVMHI social work staff, in conjunction with CSB discharge planners, will identify two persons whose beds are the most available. Potential options include: persons identified for discharge for same or next day, persons on pass, persons capable of being moved to CSU for temporary or step-down purposes, persons who are NGRI and have passes as part of their treatment plan.

Crisis Phase I: Emergency Services staff will keep consumer in ER or MH center or police station or other setting until bed can be located and will:

- Determine whether regional Crisis Stabilization Units can admit this consumer
- Request status of discharges for that day at all hospitals statewide
- Request use of licensure-waiver QR bed at Inova Fairfax Hospital
- If consumer is denied admission due to bed unavailability, continue to contact hospitals at regular intervals.
- If consumer is denied admission due to client characteristics, determine whether further negotiation at a higher level will likely produce a bed; if so, continue to contact hospitals
- If none of the above yield a bed, contact CSB Emergency Services Manager about proceeding to Phase II or III
- After hours, proceed to Phase III without engaging in Phase II

Crisis Phase II: NVMHI and CSB staff will move consumer(s) from NVMHI so a bed becomes available (Day time only: 8 am-5 pm).

- Emergency Services Managers will alert their own Aftercare Manager and the NVMHI Chief Social Worker (in her absence, the NVMHI Social work secretary) that a bed cannot be located

Regional Projects will:

- Use economy of scale
- Maximize resources
- Provide high quality services
- Attract highly qualified staff
- Reduce demands on local staff
- Cross geographical boundaries

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- If available, NVMHI will access Pre-crisis list of consumers and move consumer as appropriate, either via pass or discharge
- If no Pre-crisis list is available, Aftercare Managers will alert their discharge planners to identify person(s) who can move, either via pass or discharge, to CSU or other community setting
- Discharge planners may also review LIPOS and CSU consumers and determine whether LIPOS or CSU consumers can be discharged in order to create a bed
- Maintain close communication among Emergency, NVMHI, and discharge staff as Emergency Services staff simultaneously continue with Phase I
- Phase III may need to be initiated before Phase II has been completed. A consumer does not need to exit a bed before the over-census consumer is assigned to a NVMHI bed. The bed made available is designated for the consumer who precipitated this procedure.
- At the conclusion of this event, notify the Regional Projects Office.

Crisis Phase III: NVMHI will admit consumer at NVMHI over-census:

Admitting patients to NVMHI in excess of the number of patients for which the facility is staffed and structured creates a compromised environment of care. This poses inherent risks to both individuals and staff at NVMHI and is considered an unacceptable alternative in all but the most extreme and exceptional circumstances. The decision to admit over census shall therefore be considered **only** in those instances when the risk to an individual requiring admission or others clearly outweighs the risks posed to the facility at large. Criteria for admission are:

- NVMHI will admit a consumer at NVMHI over-census only when:
 1. Consumer is exhibiting behaviors which place the individual and/or others at **imminent and immediate** risk of death or serious harm in the absence of constant presence and intervention of mental health or law enforcement officials, or
 2. The risk of death or serious harm cannot be mitigated by less restrictive changes in environment or the removal of or prevention of access to object(s) used to inflict harm, and
 3. The consumer is not in a safe location and cannot be placed in a safe location.
- NVMHI shall **not** admit an individual over census when there is a less restrictive, effective option for mitigating the risk of death or serious harm by changing the individual's environment and/or removing or preventing access to the object(s) used to inflict harm.
- NVMHI will go up to 124 occupied beds (one over their current maximum bed capacity of 123), which does not include consumers on pass or otherwise not occupying the beds for the subsequent 24 hours.

Procedure for such an admission is as follows:

- Emergency Services Manager (or Acting Emergency Services Manager when the Emergency Services Manager is on leave) will
 - 1) make the decision regarding whether the situation meets the above criteria

- 2) directly contact NVMHI Admissions (Day hours) or Nursing Supervisor (After hours) to present how the presenting clinical situation meets the above-stated criteria and to set the stage for arranging for that admission
- 3) notify (via voice mail) Regional Projects Office and Aftercare Manager of CSB that admitted this consumer that NVMHI is over-census
- During the day, discharge planner of CSB that admitted this consumer will work with NVMHI and other CSB discharge planners to bring NVMHI under census as soon as possible. If the consumer can be moved to a bed in a private hospital, Emergency staff will take the lead in locating that bed and arranging the transfer.
- The Regional Office will conduct a review of the process with a focus on utilization management and quality clinical care.

Effective: January 22, 2010

Revised: January 28, 2010

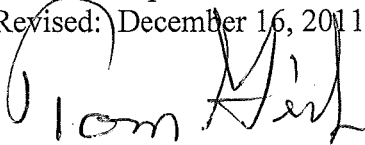
Revised: April 30, 2010

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Revised: July 22, 2010

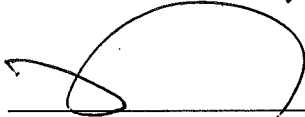
Revised: September 23, 2010

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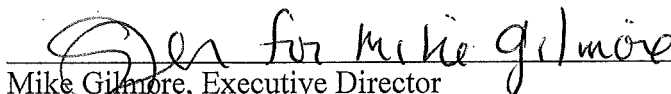
Tom Geib, Executive Director
Prince William County Community Services Board

12/16/11
Date



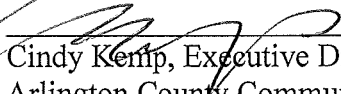
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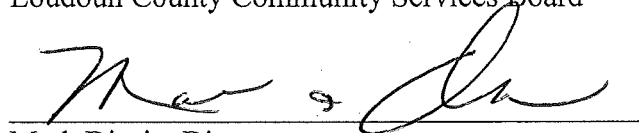
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